

1297

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 87

Registrar's No. 80

1. Place of Death: (a) County Graham (b) City or Town Safford (c) Location Morris Squibb Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 12 H.; In Community 12 H.; In Arizona 28 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Greenlee; (c) City or Town Duncan
(If outside city limits also write RURAL)
(d) Street No. _____; (e) Citizen of foreign country (Yes or No) _____
If Yes, which country _____
3. (a) FULL NAME Eugene Romney, Sr. (b) If Veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Race White ☒ Indian ☐ Negro ☐ ☐ Oriental ☐
6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Ethel Call Romney 6. (c) Age of husband or wife, if alive 60 yrs.

7. Birthdate of deceased (Month) Sept (Day) 16 (Year) 1883

8. AGE: Years 63 Months 2 Days _____ If less than one day hrs. _____ min. _____

9. Birthplace St. Johns, Arizona (City, town or county) (State or Country)

10. Usual Occupation _____

11. Industry or Business Wholesale Groceries

12. Name Miles Park Romney 13. Birthplace Nauvoo, Illinois (City, town or county) (State or Country)

14. Maiden Name Dannah Hill Romney 15. Birthplace Ontario, Canada (City, town or county) (State or Country)

16. (a) Informant's own signature E. Romney Jr. (b) Address Lordburg, Lordburg H.M.

17. (a) Burial, Cremation or Removal Burial (b) Place Duncan, Ariz. (c) Date Nov. 17, 1946

18. (a) Embalmer's Signature _____ (b) Funeral Director W. C. Rayner (c) Address Safford, Ariz.

19. (a) December 9, 1946 (b) M. Stratton (Registrar's Signature)

16 30M-100% Rag-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 14, 19 46; TIME (Hour and minute) 7:30 P.M.

21. I hereby certify that I attended the deceased from November 14, 19 46 to November 14, 19 46; that I last saw him alive on November 14, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure
Due to coronary occlusion causing a cardiac infarct.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. W. Butler M. D. Address Safford, Arizona Date signed 11-16-46

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically